



APPLICATION FOR LIEN SALE AUTHORIZATION
AND LIENHOLDER'S CERTIFICATION
(Civil Code Section 3071)

A FILING FEE OF \$5.00 MUST ACCOMPANY THIS APPLICATION

☐ Current market value of vehicle is OVER \$4,000 OR ☐ Self-service storage facilities

PLEASE NOTE:

1. This application must be submitted within 30 days of the date the lien arises. Lien arises on the date the owner is billed or 15 days after work or services are completed, whichever occurs first.
2. This form is to be used when conducting a self-service storage facilities lien sale regardless of vehicle value.
3. This application may **not** be used for mobilehomes (as described in CVC Section 396) or vessels, vessel/trailer combinations.

VEHICLE DESCRIPTION	LICENSE PLATE NUMBER	STATE REGISTERED/YR	YEAR	MODEL	BODY TYPE	MAKE
	VEHICLE IDENTIFICATION NUMBER (VIN)			ENGINE NUMBER (MOTORCYCLE ONLY)		
LIEN INFORMATION	As of _____ the amount and basis for my lien is: MONTH/DAY/YEAR					
	LIEN COST (MAXIMUM \$100)		TOWING COST		REPAIRS	BAR REGISTRATION (LICENSE NUMBER)
	\$		\$		\$	
	DAILY STORAGE RATE		STORAGE DUE		PARKING VIOLATION BAIL (CVC 22851.1(b))	
	\$		\$		\$	
	DATE OWNER BILLED FOR SERVICES OR STORAGE			DATE WORK OR SERVICES COMPLETED		
CERTIFICATION	ON _____ TOWING AND STORAGE WAS DUE TO <input type="checkbox"/> Authorization by public agency MONTH/DAY/YEAR <input type="checkbox"/> Abandoned on private property, owner unknown					
	The names and addresses of the registered owner, legal owner, and all parties known to me to have an interest in the vehicle are listed on this application. <i>I certify under penalty of perjury under the laws of the State of California that the information entered by me on this document is true and correct.</i>					
	LIENHOLDER'S OR AGENT'S (ACTING FOR LIENHOLDER) SIGNATURE				DATE	
	LIENHOLDER'S NAME (PRINTED)				DAYTIME TELEPHONE NUMBER ()	
	STREET ADDRESS					
	CITY			STATE	ZIP CODE	
	AGENT ACTING FOR LIENHOLDER (PRINT NAME)				REGISTRATION SERVICE NUMBER	
	STREET ADDRESS				DAYTIME TELEPHONE NUMBER ()	
	CITY			STATE	ZIP CODE	

SUSPENSE RECEIPT AND VALIDATION AREA

(Please do not write in this space)

The name and address of:

PERSON BILLED OR LAW ENFORCEMENT AGENCY AUTHORIZING
REMOVAL OF VEHICLE

NAME PHONE NUMBER

ADDRESS

CITY STATE ZIP CODE

REGISTERED OWNER

REGISTERED OWNER (PRINT LAST, FIRST & MIDDLE) PHONE NUMBER

ADDRESS

CITY STATE ZIP CODE

LEGAL OWNER

LEGAL OWNER (PRINT) PHONE NUMBER

ADDRESS

CITY STATE ZIP CODE

INTERESTED PARTIES

NAME (PRINT LAST, FIRST & MIDDLE) PHONE NUMBER

ADDRESS

CITY STATE ZIP CODE

NAME (PRINT LAST, FIRST & MIDDLE) PHONE NUMBER

ADDRESS

CITY STATE ZIP CODE

NAME (PRINT LAST, FIRST & MIDDLE) PHONE NUMBER

ADDRESS

CITY STATE ZIP CODE